

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038749

1. Entity Name

MARTIN RUSSELL, INC.

R

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90004 010 ***150.00

Principal Place of Business

608 ASHE STREET
KEY WEST FL 33040

Mailing Address

608 ASHE STREET
KEY WEST FL 33040

2. Principal Place of Business

608 ASHE ST.
KEY WEST FL.

3. Mailing Address

608 ASHE ST.
KEY WEST FL.

City & State

FL.
33040

City & State

FL.
33040

4. FEI Number 65-0661019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, MARTIN
608 ASHE STREET
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS RUSSELL, MARTIN
CITY-ST-ZIP 608 ASHE STREET
KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PA6000038749

AO069491

To whom it may concern.

We have moved our business address from 608 Ashe St. to 616 Ashe St. We never received our original uniform business report package. I am enclosing a check for the amount we have paid in previous years. Please direct any further correspondence to

MARTIN RUSSELL INC.
616 ASHE ST.
KEY WEST FL.
33040

Thank you

Kyra Russell

X